

Brent Care Limited

Brent GP Extended Access Service

Inspection report

Wembley Centre for Health and Care
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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced, comprehensive inspection of the Brent GP Extended Access Service on 18, 19 and 22 July 2019. This was the first inspection of the provider's extended hours service.

Our inspection included visits to the five locations (hubs) in Brent where the service operates. The service provides extended access appointments for patients of all practices within the Brent clinical commissioning group (CCG). The Wembley hub is open 8am to 8pm, seven days

Summary of findings

a week. The other sites are open during weekday evenings and on weekends. GP appointments are available at every site. Nurse appointments are also available at the Wembley hub.

One of the provider's clinical directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection, 33 people provided feedback about the service at the Wembley hub. All of them were positive about the service. Patients frequently described the service as excellent and said they valued being able to access the service quickly when they needed it. Patients also commented on the efficiency of the appointment system and praised the GPs and nurses for their professionalism and caring manner.

Our key findings were:

- The service had systems to manage most risks so that safety incidents were less likely to happen.
- When incidents occurred, there were systems in place to learn from them and improve.
- Care and treatment were delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patient feedback about the service was consistently positive.
- Practice and patient needs were used to inform service development and improvements.
- The provider monitored its activity and there was also some focus on quality improvement.
- Managerial oversight arrangements were not always clearly documented however, and we found different practices in place at different hubs without a clear rationale.
- There was scope to improve the feedback mechanisms with the GPs and nurses on the rota pool.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- The provider should review the information it provides to new and temporary clinicians to ensure they have the information they need to provide the service effectively and efficiently
- The provider should ensure that all sites are aware of available facilities to support patient access including translation services.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Brent GP Extended Access Service

Detailed findings

Background to this inspection

Our inspection team

Our inspection team was led by a CQC inspector. The team included a CQC specialist adviser.

Background to Brent GP Extended Access Service

The provider, Brent Care Limited, is a healthcare federation created by an amalgamation of 56 GP practices in Brent, West London. The service operates under a contract with Brent clinical commissioning group (CCG) and provides primary healthcare services which are open to all patients living in Brent. Brent Care Limited subcontracts the operation of the service to the three primary care networks currently covering Brent. The service operates the Wembley hub and has formal service level agreements with four 'host' GP practices from which the service is provided. Brent Care Limited maintains overall responsibility for the service.

The service provides appointments with a GP or practice nurse. All appointments are pre-booked either through a patient's own GP practice, the NHS 111 service or the local urgent care centre and are available seven days a week. The service does not accommodate walk-in patients. The service is available to adults and children.

The service headquarters is located at Wembley Centre for Health and Care. The service itself is currently operated from five locations, known locally as hubs. These are:

Wembley Hub, Wembley Centre for Health and Care, 116 Chaplin Road, Wembley HA0 4UZ

Monday to Sunday 8am-8pm

Willesden Hub, Roundwood Park Medical Centre, Robson Avenue, London NW10 3RY

Monday to Friday 4pm-8pm, Saturday 12pm-4pm

Northern Hub, Jai Medical Centre (Brent), 82 Stag Lane, Edgware, Middlesex, HA8 5LP

Monday to Friday 4pm-8pm

Kilburn Hub, Staverton Surgery, 51 Staverton Road, London, NW2 5HA

Monday to Friday 4pm-8pm, Saturday 10am-2pm

Central Middlesex Hub, Park Royal Medical Practice, Acton Lane, London, NW10 7NS

Monday to Friday 4pm-8pm, Saturday 10am-2pm

The service directly employs a team of five clinical directors and is overseen by a non-executive board. The service also employs receptionists and managers at the Wembley hub. The receptionists at the other hubs are provided through a service level agreement with the host practices. A team of managers and administrative staff employed at primary care network level are in place to support the respective hubs. The service contracted with a pool of 35 local GPs and five nurses who provide sessions at the hubs.

The provider is registered to provide the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; and treatment of disease, disorder or injury.

How we inspected this service

Before the inspection we reviewed information from stakeholders, information provided by the service and information provided to us by patients.

Detailed findings

During our inspection, we visited all five of the sites. We spoke with a range of staff, observed how patients were being cared for in the reception areas, reviewed comment cards where patients and members of the public shared their views and experiences of the service and looked at information the service used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We rated the service as Good for providing safe services because:

The provider acted to keep people safe and safeguarded from abuse. There were systems in place to manage most risks to patients and staff. The service learned from safety incidents.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- All the host GP practices had been inspected by CQC prior to signing the service level agreement with the provider. These inspections included a review of the systems for managing health and safety, fire safety, infection control and premises.
- There were health and safety policies held at each site covering environmental health and safety and the management of risks.
- We were told that the registered manager had visited and inspected arrangements at each host practice before issuing and signing the service level agreement with the host GP practices. This was confirmed independently by managers at the local sites although these visits had not been documented.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were tailored to the service and subject to regular review. They were accessible to all staff and locum clinicians via an electronic records system. These policies outlined clearly who to go to for further guidance. One of the clinical directors had also designed an online template used by the GPs to ensure that all relevant information was prompted for if the clinician had concerns about abuse. The clinical director had also set up an electronic shortcut which directed staff and clinicians (at the touch of a button) to the current safeguarding pathway and contacts should escalation be required.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis, where appropriate, for the staff they employed and locums who worked in the service. Disclosure and Barring Service (DBS) checks had been undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred

from working in roles where they may have contact with children or adults who may be vulnerable). We saw examples of recruitment records, all of which complied with the regulations.

- Where host GP practices provided their own staff for example, to provide reception services for the extended hours service we saw that there were local recruitment policies and protocols in place. It was unclear to what extent these had been reviewed or checked by Brent Care Limited.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones across all five sites were trained for the role and had received a DBS check.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. We saw the staffing rota. The locum clinicians were asked to notify the service of the sessions they wished to work in advance to enable the service to plan effectively. There was an effective system in place for dealing with surges in demand or sessions without an allocated clinician. For example, if the need arose, a temporary locum GP could be booked. Arrangements were in place to adjust staffing levels across the five sites. The business continuity plan included information on how to deal with any risks associated with the rota.
- There was an effective induction system for newly recruited reception and administrative staff tailored to their role. We were told that the service rarely needed to use locum GPs who would be unfamiliar with the area. There was a locum pack for temporary clinicians but this was sparse and did not include, for example, details of the referral shortcut keys on the electronic system.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Information on sepsis was included on the electronic system and staff had been trained on this.
- The service was not designed for patients with urgent, serious medical needs. Patients requiring this sort of attention were directed to use their local NHS A&E or

Are services safe?

urgent care facilities at the point of booking. Reception staff told us however, they would not hesitate to ask the clinician on duty to see a patient immediately if they attended with 'red flag' symptoms or seemed to be very unwell or deteriorating.

- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. A summary of the consultation record was shared with the patient's normal GP within 24 hours.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

The service had systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines varied across the five sites.
- All the host GP practices and the Wembley hub held emergency oxygen and a defibrillator on site and had monitoring systems in place to ensure these items were ready for use.
- The service relied on the host GP practices to hold a stock of suitable emergency medicines. We checked the emergency medicines at all sites. We saw evidence that these were being monitored effectively, for example, all the medicines we checked were within their expiry dates and the practices had recorded the checks they made.
- However, there was no standard list of emergency medicines that the provider expected the host practices to stock and monitor. We were told by the clinical

directors that patients attending the service were 'low risk' and so some medicines were not required. However, apart from the Wembley hub, the provider had not carried out a risk assessment covering all the sites. Immediately after the inspection, we were provided with evidence that the four host GP practices were now stocking all the recommended medicines for primary care settings.

- The risk assessment for emergency medicines stocked at the Wembley hub cited several emergency medicines that had been assessed as not being required. This was partly because patients were considered to be low risk with higher risk cases being diverted to more appropriate services at the point of booking. We were not assured that this risk had been appropriately assessed given the volume of patients using the centre and the fact that patients sometimes presented at the hub without an appointment.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service audited antimicrobial prescribing.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues at each of the sites.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The service learned and acted to improve safety in the service.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as Good for providing effective services because:

The provider assessed patients' needs and provided care and treatment in line with current guidelines. Clinicians and staff had the qualifications, experience and training to provide effective care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. There was a comprehensive document library available to staff which included all standard operating procedures, safeguarding information and policies.
- Patients' needs were fully assessed. Where patients need could not be met by the service, staff redirected them to the appropriate service.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- There was evidence that quality improvements made by the service had a positive impact for patients. For example, the service had carried out audits on antibiotic prescribing against current guidelines.
- The service monitored activity against commissioning targets. Data was collected on which practice the patients were from, how referrals were received, outcomes of appointments, appropriateness of appointments and non-attendances. The results were

shared with the clinical commissioning group. We were told that the results were fed back and discussed with practices which were outliers (ie whose patients were unusually high or low users of the service).

- The clinical directors routinely reviewed the quality of medical record keeping with case note reviews. The clinical director carried this out for all new clinicians joining the service and randomly thereafter. This was actively used when deciding whether to retain clinicians on the rota. Clinicians told us they received individual feedback from this exercise but there was limited sharing of general learning points.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire procedures and health and safety.
- All staff worked within their scope of practice and had access to clinical support when necessary. The clinical directors were available on call by mobile phone if required.
- Staff employed by the service received protected time for training. Two of the host GP practices provided their own reception staff and were able to provide up to date records of skills, qualifications and training.
- Staff were encouraged and given opportunities to develop.
- We saw induction information for staff who were newly working in the service or employed on a locum basis.
- The clinical directors and managers carried out regular meetings and there were meetings with employed staff. Communication with the wider pool of clinicians and staff working at the host GP practices tended to be on an as needed basis for, example through email, or direct communication from the relevant network manager.
- All staff received annual appraisals.

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. The clinicians could access a 'read only' version of the patient's own medical records enabling them to understand the patient's recent consultation history and provide appropriate and person-centred care.
- A copy of the clinician's consultation notes was available to the patient's normal GP.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with the patient's GP practice so that they were aware of the need for further action and to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. All the practices used the same electronic clinical system so notes could easily be shared. The service had recently reviewed and agreed ways of working with the NHS 111 service, for example so that patients with non-urgent conditions attempting to attend urgent care services could be re-directed to the extended primary care service.
- There were clear and effective arrangements for booking appointments or re-directing patients to other services.

Helping patients to live healthier lives

Staff took opportunities to support patients to manage their own health and maximise their independence.

- The service deliberately sought local GPs to staff the service to ensure good local knowledge of local services and resources, including for patients who may be in need of extra support.
- Where appropriate, staff gave people advice, so they could self-care.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- There were systems in place to ensure that patients gave consent for their medical records to be shared with the service before they attended.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as Good for providing caring services because:

Patients were treated with kindness and the staff ensured that patient privacy and confidentiality were protected. There were systems in place to help patients be fully involved in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received
- Feedback from patients was positive about the way staff treat people. All 33 comment cards we received were positive about the service.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language at most of the sites. However, at one of the host practices we were told that the Brent Care Limited did not provide interpreting services and patients who did not speak English were unlikely to be booked an appointment by their own GP practice. This was not the case.
- Patients were also told about multi-lingual staff who might be able to support them.
- Some information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as Good for providing responsive services because:

The service had designed the service to be accessible and to meet patients' needs. The service responded to patient feedback and complaints to improve the service.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service had proactively worked with the commissioners of the service to ensure it met the needs of the patients. A public consultation had recently been carried out to ensure the service was appropriate to patient's needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Most patients were able to attend the same or next day when booking an appointment.
- Patients were free to attend any of the hubs depending on their preference.
- The service operated at the following times:

Wembley Hub- Monday to Sunday 8am-8pm

Willesden Hub - Monday to Friday 4pm-8pm, Saturday 12pm-4pm

Northern Hub - Monday to Friday 4pm-8pm

Kilburn Hub - Monday to Friday 4pm-8pm, Saturday 10am-2pm

Central Middlesex Hub - Monday to Friday 4pm-8pm, Saturday 10am-2pm

- Patients normally accessed appointments via their own GP. We were told by the receptionists that the system worked well and the GP practices in Brent understood the system and made appropriate appointments. The service provided feedback to practices if there were any consistent issues with appointment booking.
- The service also held a number of appointments free so that the NHS 111 service could redirect patients to the service if that was the most appropriate place for their care.
- There was information about the service on individual GP practice websites, on the clinical commissioning group website and on street posters in some parts of Brent.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. The complaints policy and procedures were in line with recognised guidance.
- There had been a pattern of complaints from patients trying to use the Wembley hub as a walk-in centre (as it had previously been run on a walk-in basis). The staff worked hard to try and make sure that these patients were still usually seen at the service but sometimes the patient had to wait until the end of the clinical session or until there was a gap in the session when the clinician could fit them in.
- As a result of these complaints, the service had provided more information about how to use the service to the GP practices in Brent. The number of patients attending the service without an appointment had subsequently dropped and the practice had not received any complaints about this in the last month.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated the service as Requires Improvement for providing well-led services because:

There was clear leadership, a positive working culture and an ethos to deliver an accessible, high quality service. However, the service did not have effective oversight of risk at the four GP host sites. There was also scope to improve information sharing and learning across the wider staff and locum staff group. Patient feedback was actively encouraged and showed that patients greatly valued the service. The service acted on feedback from patients, staff and external stakeholders.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The management were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, for example, there was some uncertainty about future commissioning arrangements for the extended primary care service in Brent.
- Leaders at all levels were visible to staff. The network managers were accessible if staff or managers at the GP host practices had any questions or issues they needed to discuss.
- The clinical directors were accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had processes to develop leadership capacity and skills and delegate responsibility appropriately to the network managers.

Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients. There was a high-level strategy which had been approved by the board. The board met regularly to review progress and activity.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff employed by the host GP practices and primary care networks understood the aims of the service and their roles.

- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against the delivery of the strategy.

Culture

The service had a positive working culture which was patient-focused.

- Managers and administrative staff across the sites said they felt respected, supported and valued. They were proud to work for the service.
- We spoke with three of the locum doctors who worked at the service. They were positive about the service and thought that patients received timely, high quality and coordinated care.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, one of the clinical directors reviewed the clinical quality of clinicians' note taking and did not retain clinicians who did not maintain comprehensive, good quality notes. This was particularly important because the notes needed to be understood by the patient's own GPs.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive working relationships between staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance.

- There were regular board level meetings, operational meetings and stakeholder meetings with the clinical commissioning group. The service was able to demonstrate how it had responded to requests and concerns raised by the commissioners.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- However, we were concerned with the level of oversight of the four host GP practices.
- The service level agreements between the host GP practices and the service did not clearly set out expectations, for example in relation to what emergency medicines were required at each site. When we inspected the sites, we found variation in the range of emergency medicines which were held on site.
- We were told that the service managers had visited the host GP sites when the provider took over the service (October 2018) when putting in place the service level agreements. However, there was no record of these visits and what aspects of the host GP service and environment had been reviewed. There had been no recorded monitoring visits subsequently.
- During our visits to the host GP hubs, we reviewed their monitoring of infection control; mandatory training for staff (if their staff were involved in providing the service); environmental risk assessments and readiness for emergencies. None of this information was available centrally and it was not clear how the host GP practices reported their compliance with any expectations or standards set by the service (which were not clearly specified in the service level agreements).
- There were a series of meetings held at the service for staff and the primary care network managers. There were six-weekly board meetings which was supported by operational level meetings and a quality committee. We saw examples of agendas and minutes for these meetings. Minutes or agreed actions were circulated for reference.
- Host GP practice managers did not attend these meeting and were not sent minutes. We were told that the service managers communicated anything important directly, for example, by email to the relevant practice managers. Practice managers told us that they found their relevant network managers to be accessible and helpful.
- The locum clinicians were not included in staff meetings and were not sent minutes of these meetings. Again, we were told that anything important would be communicated directly. However, we were not assured

that communication was as effective as it could be. For example, the doctors we spoke with could not recall receiving any learning from significant events unless they had been personally involved in the incident.

Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues and performance.

- However, we were not assured that there was an effective process to identify, understand, monitor and address current and future risks across all hubs in a coordinated way including risks to patient safety. We were told that patients attending the service were assessed at the appointment booking stage and were therefore 'low risk'. However, we saw that some patients tried to attend the Wembley hub without an appointment and there remained the risk that patients might attend having experienced a sudden deterioration in their condition since booking.
- There was clear evidence of action to resolve concerns and improve quality. The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, the service ran long clinical sessions, with 10-minute appointments. The sessions included some blocked time for clinicians to have a short break or to catch up if running late.
- The Care Quality Commission had recently published an inspection report for one of the host GP practices (Park Royal Medical Centre) which identified shortcomings in environmental risk management and which potentially also affected the safety of the extended primary care service. The managers at Brent Care Limited, told us they were unaware of this inspection report and the identified risk, and had therefore not reviewed whether the practice concerned had taken action to improve. (The practice involved provided us with evidence of actions taken to address these concerns during our visit).

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The service used information technology systems to monitor and improve the quality of care. The clinical director had designed some of the templates used on the clinical records system so these were appropriate for the service and were in line with current guidelines and included links to information about local referral pathways.
- Quality and sustainability were discussed in relevant meetings where attendees had access to information. To date, we noted that the service maintained very detailed information about patient demand, attendance and activity. There was less data available assessing the quality of the service.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Staff told us the management team listened to suggestions they made, for example, the appointment booking system had been improved over time to make it easier to use.
- Staff were aware of the systems in place to give feedback.
- We received mixed feedback about the extent to which the service was transparent, collaborative and open with all stakeholders about performance. The service was able to provide evidence of how it had responded to concerns raised by stakeholders (for example, around infection control).
- The lack of standardised systems across the five sites and any centralised monitoring of some aspects of risk limited the assurance the provider could provide to stakeholders.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was some focus on continuous learning and improvement within the service.
- The service made use of internal and external reviews of incidents. However, we did not see evidence that learning was being systematically shared with the wider pool of locum clinicians. For example, the doctors we interviewed said they would find some form of more regular bulletin or newsletter (or similar type of communication) useful as long as this did not duplicate information already routinely shared within GP practices.
- This service worked well with other services such as the GP practices it served. It was developing its relationship with NHS 111 and urgent care services.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- Patient feedback was encouraged. We observed the receptionists at all sites asking every patient to complete a feedback form. Patient feedback from these surveys was extremely positive.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. We found:</p> <p>The provider could not demonstrate effective oversight and management of risk at the host GP sites.</p> <p>Governance arrangements at local level (for example, over emergency medicines) lacked clarity and specificity.</p> <p>The provider's learning from significant events and complaints was not effectively shared with the wider locum clinician group.</p>